



# MANAGED CARE OMBUDSMAN PROGRAM QUARTERLY REPORT

Year 5, Quarter 3  
(October 1 - December 31, 2020)

# EXECUTIVE SUMMARY

The Office of the State Long-Term Care Ombudsman's Managed Care Ombudsman Program advocates to resolve managed care issues on behalf of Medicaid managed care members who receive care in a health care facility, assisted living program, elder group home, or who are enrolled in one of the seven home and community-based services (HCBS) waiver programs. The waiver programs include: AIDS/HIV Waiver, Brain Injury Waiver, Children's Mental Health Waiver, Elderly Waiver, Health and Disability Waiver, Intellectual Disability Waiver and Physical Disability Waiver.

The Managed Care Ombudsman Program's monthly and quarterly reports report cases and complaints from the managed care members this Office serves.

In October managed care ombudsman worked on complaints from 49 individual members. In November managed care ombudsman worked on complaints from 30 individual members. In December managed care ombudsman worked on complaints from 40 individual members.

The issues identified for this third quarter are the primary managed care member issues addressed in October, November and December 2020. The Office works with a variety of stakeholders who are necessary to address and resolve issues. During Quarter 3-Year 5 of Medicaid managed care, the primary issues reported to the Managed Care Ombudsman Program by managed care members included:

1. Access to Services/Benefits. For the third consecutive quarter, Access to Services/Benefits is a primary issue reported to the Manager Care Ombudsman Program. Members again report issues with accessing services and benefits.
2. Services Reduced, Denied or Terminated. Members reported reductions or denials in their HCBS waiver services. Services reduced denied or terminated is a frequent complaint received from members. Services Reduced, Denied or Terminated was also a primary issue reported to the Managed Care Ombudsman Program during the past reporting quarter.
3. Durable Medical Equipment. Members have reported denials in requests for durable medical equipment that enables them to remain in their homes.

The report that follows includes an overview of the third programmatic quarter of Year 5 (October, November and December 2020), as well as an update on the program.

For further information, please contact the Managed Care Ombudsman Program at (866) 236-1430 or [managedcareombudsmanprogram@iowa.gov](mailto:managedcareombudsmanprogram@iowa.gov).

## MEMBER ASSISTANCE

<b>Members per MCO</b> in process October 2020	Amerigroup Iowa	34
	Iowa Total Care	13
	Fee for Service	2
<b>Referrals per Entity<sup>1</sup></b>	Department of Human Services	-
	Department of Inspections and Appeals	-
	Disability Rights Iowa	5
	Iowa Compass	-
	Iowa Legal Aid	3
	LifeLong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	4
	Other	-
<b>Grievances/Appeals/Fair Hearings</b>	Grievance assistance	3
	Appeals assistance	2
	Fair Hearing assistance	1

<b>Members per MCO</b> in process November 2020	Amerigroup Iowa	20
	Iowa Total Care	10
	Fee for Service	-
<b>Referrals per Entity<sup>1</sup></b>	Department of Human Services	-
	Department of Inspections and Appeals	-
	Disability Rights Iowa	-
	Iowa Compass	-
	Iowa Legal Aid	1
	LifeLong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	1
	Other	1
<b>Grievances/Appeals/Fair Hearings</b>	Grievance assistance	4
	Appeals assistance	1
	Fair Hearing assistance	1

<sup>1</sup> Referrals per Entity: Referrals made to external organizations that provide services beyond the scope of the program.

## MEMBER ASSISTANCE

<b>Members per MCO</b> in process December 2020	Amerigroup Iowa	27
	Iowa Total Care	13
	Fee for Service	-
<b>Referrals per Entity<sup>1</sup></b>	Department of Human Services	-
	Department of Inspections and Appeals	-
	Disability Rights Iowa	3
	Iowa Compass	-
	Iowa Legal Aid	4
	Lifelong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	1
	State Ombudsman Office	1
	Other	1
<b>Grievances/Appeals/Fair Hearings</b>	Grievance assistance	2
	Appeals assistance	2
	Fair Hearing assistance	1

<sup>1</sup> Referrals per Entity: Referrals made to external organizations that provide services beyond the scope of the program.

*Good new! .....finally.  
The appeal went through for the hand  
controls for [Member]'s van! Just wanted to  
share this bit of good news with you. Hope  
you are doing well.*

*Thank you for all of your assistance with our  
needs. We appreciate you!*

*~Sister*

## Complaint(s) Resolution by Program Type

Amerigroup Iowa October, November and December	Fully or partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	O	N	D	O	N	D	O	N	D	O	N	D	
AIDS/HIV Waiver													
Brain Injury Waiver							4			1			5
Children's Mental Health Waiver	2									2			4
Dental													
Duals													
Elderly Waiver	7	4	11							9		9	40
Habilitation		3											3
Health & Disability Waiver	14		5							3		2	24
HIPP													
Institutional Care													
Iowa Health & Wellness													
Intellectual Disability Waiver	2		7							9			18
Medicare													
PACE													
Physical Disability Waiver												3	3
QMB or SLMB													
Traditional Medicaid													
Other		2								1			3
N/A													
Unknown													
<b>TOTAL:</b>	25	9	23	0	0	0	4	0	0	25	0	14	100

Fee for Service October, November and December	Fully or partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	O	N	D	O	N	D	O	N	D	O	N	D	
AIDS/HIV Waiver													
Brain Injury Waiver													
Children's Mental Health Waiver													
Dental													
Duals													
Elderly Waiver													
Habilitation													
Health & Disability Waiver													
HIPP													
Institutional Care													
Iowa Health & Wellness													
Intellectual Disability Waiver													
Medicare													
PACE										2			2
Physical Disability Waiver													
QMB or SLMB													
Traditional Medicaid													
Other	1					3							4
N/A													
Unknown													
<b>TOTAL:</b>	1	0	0	0	0	3	0	0	0	2	0	0	6

## Complaint(s) Resolution by Program Type

Iowa Total Care October, November and December	Fully or partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	O	N	D	O	N	D	O	N	D	O	N	D	
AIDS/HIV Waiver													
Brain Injury Waiver										4		2	6
Children's Mental Health Waiver													
Dental													
Duals													
Elderly Waiver	5						3						8
Habilitation													
Health & Disability Waiver	9			4									13
HIPP													
Institutional Care	1									1			2
Iowa Health & Wellness													
Intellectual Disability Waiver	4											2	6
Medicare													
PACE													
Physical Disability Waiver	6		24							1			31
QMB or SLMB													
Traditional Medicaid													
Other	7											2	9
N/A													
Unknown													
<b>TOTAL:</b>	32	0	24	4	0	0	3	0	0	6	0	6	75



## COMPLAINTS & CASES

### OCTOBER

In October the Managed Care Ombudsman Program worked on complaints from 49 individual members. Out of the 31 active cases, 14 are newly opened. The top complaint from managed care members in October was in regard to Access to Services/Benefits (22 members). Additional complaints include:

#### All open cases:

Case Management (9 members) Access to Services/Benefits (15 members) Services reduced, denied or terminated (9 members) CCO & CDAC (12 members) Transition services/coverage gap, inadequate or inaccessible (4 members) Other/Member charged improper cost sharing (2 member) Member Rights (9 members) Level of Care (5 members) NOD, Appeals, Fair Hearing (4 members) Complaints against provider (5 members) Eligibility & Enrollment (1 members) Care Planning (9 members) Access to durable medical equipment and medications (7 members) Discharge (3 members) Transportation (6 members) Home and vehicle modifications (9 members) Member Relations & Grievances (8 members) Guardianship (0 members) Exception to Policy (4 members) Prior Authorization (2 members) Network Adequacy (1 members) COVID-19 (4 members)

#### Closed cases:

Case Management (4 members) Access to Services/Benefits (7members) Services reduced, denied or terminated (6 members) CCO & CDAC (8 members) Transition services/coverage gap, inadequate or inaccessible (2 member) Other/Member charged improper cost sharing (0 members) Member Rights (6 member) Level of Care (4 members) NOD, Appeals, Fair Hearing (1 members) Complaints against provider (1 member) Eligibility & Enrollment (1 members) Care Planning (3 members) Access to durable medical equipment and medications (1 members) Discharge (1 members) Transportation (6 members) Home and vehicle modifications (2 members) Member Relations & Grievances (3 member) Guardianship (0 member) Exception to Policy (3 member) Prior Authorization (0 member) Network Adequacy (2 members) COVID-19 (4 member)

### NOVEMBER

In November the Managed Care Ombudsman Program worked on complaints from 30 individual members. Out of the 24 active cases, 2 are newly opened. The top complaint from managed care members in November was in regard to Access to Services/Benefits (15 members). Additional complaints include:

#### All open cases:

Case Management (6 members) Access to Services/Benefits (12 members) Services reduced, denied or terminated (11 members) CCO & CDAC (11 members) Transition services/coverage gap, inadequate or inaccessible (4 members) Member Rights (5 members) Level of Care (4 members) NOD, Appeals, Fair Hearing (4 members) Complaints against provider (2 members) Eligibility & Enrollment (1 members) Care Planning (6 members) Access to durable medical equipment and medications (9 members) Discharge (2 members) Transportation (4 members) Home and vehicle modifications (8 members) Member Relations & Grievances (5 members) Guardianship (0 member) Exception to Policy (4 members) Prior Authorization (3 members) Network Adequacy (1 members) COVID-19 (5 members)

## COMPLAINTS & CASES

### Closed cases:

Case Management (2 members) Access to Services/Benefits (3 members) Services reduced, denied or terminated (0 member) CCO & CDAC (0 members) Transition services/coverage gap, inadequate or inaccessible (2 members) Member Rights (1 members) Level of Care (1 member) NOD, Appeals, Fair Hearing (0 member) Complaints against provider (0 members) Eligibility & Enrollment (0 members) Care Planning (2 members) Access to durable medical equipment and medications (0 members) Discharge (0 members) Transportation (0 members) Home and vehicle modifications (0 members) Member Relations & Grievances (1 member) Guardianship (0 members) Exception to Policy (0 members) Prior Authorization (0 members) Network Adequacy (0 members) COVID-19 (0 members)

### DECEMBER

In December the Managed Care Ombudsman Program worked on complaints from 40 individual members. Out of the 29 active cases, 9 are newly opened. The top complaint from managed care members in December was in regard to Access to Services/Benefits (18 members). Additional complaints include:

### All open cases:

Case Management (3 members) Access to Services/Benefits (8 members) Services reduced, denied or terminated (8 members) CCO & CDAC (8 members) Transition services/coverage gap, inadequate or inaccessible (4 members) Other/Member charged improper cost sharing (2 member) Member Rights (6 members) Level of Care (4 members) NOD, Appeals, Fair Hearing (6 members) Complaints against provider (3 members) Eligibility & Enrollment (2 member) Care Planning (9 members) Access to durable medical equipment and medications (9 members) Discharge (2 members) Transportation (4 members) Home and vehicle modifications (7 members) Member Relations & Grievances (6 members) Guardianship (0 members) Exception to Policy (4 members) Prior Authorization (2 member) Network Adequacy (1 members) COVID-19 (7 members)

### Closed cases:

Case Management (5members) Access to Services/Benefits (2 members) Services reduced, denied or terminated (1 members) CCO & CDAC (4 members) Transition services/coverage gap, inadequate or inaccessible (1 members) Other/Member charged improper cost sharing (0 member) Member Rights (2 members) Level of Care (1 member) NOD, Appeals, Fair Hearing (1 members) Complaints against provider (0 member) Eligibility & Enrollment (0 members) Care Planning (2 members) Access to durable medical equipment and medications (2 members) Discharge (0 members) Transportation (1 members) Home and vehicle modifications (2 members) Member Relations & Grievances (0 members) Guardianship (1 member) Exception to Policy (0 members) Prior Authorization (0 member) Network Adequacy (0 member) COVID-19 (1 members)



## MANAGED CARE OMBUDSMAN PROGRAM TRENDS

In addition to tracking member issues on a monthly basis, the Managed Care Ombudsman Program documents and tracks trends discussed by members. Issues and trends identified this quarter included:

1. A trend has been noted this reporting period for members needing to access preferred/necessary durable medical equipment that enables them to remain in their home. Members have reported denials in requests for durable medical equipment.
2. There was a trend in issues between members and case managers. Issues include lack of responsiveness by case managers to member concerns.
3. Home and vehicle modifications were a trend again this quarter. Members have reported issues with obtaining vehicle and home modifications that enable them to remain independent in their home.
4. Issues with transition services were a trend this quarter. Without adequate transition services members can experience a disruption in the continuity of care that creates a gap in services.

*Wanted to send a letter wanted to let you and supervisor know how wonderful you were to me [Member's daughter] and my mother [Member]. [MCOP] went right to work for [member's daughter] and [MCOP] have saved my life and mom's because the way [MCO] treated us and wanted to bring in strangers to [Member daughter's] home to bath [member]. [MCOP] stopped that and [Member's daughter] cannot thank [MCOP] enough. [MCOP representative] are Kind, [MCOP representative] were understanding and [MCOP representative] listened and cared. [Member's daughter] have never met anyone who is so gracious and kind. ...What a wonderful person [MCOP representative] are and how good [MCOP representative] are at your job. [Member's daughter] can't thank you enough.*

## ADDITIONAL MATERIALS

The Managed Care Ombudsman Program maintains a website with information regarding the program's services, informational materials and links to other resources. Electronic versions of communications materials and tools can be found at the Managed Care Ombudsman website. Additionally, *How to Be Your Own Best Advocate: A Guide on How to Navigate Managed Care In Iowa* is a resource for members.



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